FORM D

UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076

ril 30, 2008

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an an		·	-		
RDF Media Group PLC / Offering of ore Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Amendment	Rule 505	⊠ Rule 506	☐ Section 4(6)	ULOE
	. А.	BASIC IDENTIFICA	ATION DATA		
1. Enter the information requested about the					<u> </u>
Name of Issuer (☐ check if this is ar	amendment and nar	me has changed, and in	dicate change.)		
RDF Media Group PLC					
Address of Executive Offices		Number and Street, Cit		Telephone Number (Inc	luding Area Code)
The Gloucester Building, Kensington V				+44(0)2070134368	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, Cit	y, State, Zip Code)	Telephone Number (Inc.	luding Area Code)
Brief Description of Business				·	
Media and Entertainment					
Type of Business Organization			FI 04 44		
□ business trust	☐ limited partners	ship, already formed ship, to be formed	☐ Other (pleas	se specify)	PROCESSED
		onth Year			
Actual or Estimated Date of Incorporation of		2 0 0	.		MAR 2 9 2007
Jurisdiction of Incorporation or Organization	•	.S. Postal Service abbrada; FN for other foreig		Estimated F N	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	<u> </u>	····	· · · · · · · · · · · · · · · · · · ·		
Federal: ## Dho Must File: All issuers making an offering of securities.	s in reliance on an exemptic	on under Regulation D or Section	on 4(6), 17 CFR 230.501 et	seq. or 15 U.S.C. 77d(6)	
When To File: A notice must be filed no later than 15 days the SEC at the address given below or, if received at that ad-					
Where to File: U.S. Securities and Exchange Commission,	450 Fifth Street, N.W., Was	shington, D.C., 20549.			
Copies Required: Five (5) copies of this notice must be file	d with the SEC, one of whic	th must be manually signed. A	ny copies not manually sign	ned must be photocopies of the manu	ally signed copy or bear typed or printed signatures
Internation Resident: A new filing must contain all inform	nation manuscled. Amendm	entr need only most the name	of the insper and offerior	and change thereto, the lettermation	annumeted in Bart C and any material above or

Filing Fee: There is no federal filing fee.

the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Evernption (ULOE) to sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the evernption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law, The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Lof8

A RA	SIC	IDENT	CLEICA	ATION	DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, it	f individual)				
Price, Janice					
Business or Residence Addre					
		Avonmore Road, London, W			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, it	findividual)				
Frank, David					
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
The Gloucester Building, K-	ensington Village,	Avonmore Road, London, W	'14 8RF		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lambert, Stephen					
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
The Gloucester Building, K	ensington Village, /	Avonmore Road, London, W	'14 8RF		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual)				
Fether, Joely					
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)		·	
The Gloucester Building, K-	ensington Village, A	Avonmore Road, London, W	'14 8RF		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Cyrte Investments BV Business or Residence Addre	ss (Number and Str	eet City State Zin Code)			
		x 5081, 1410 AB NAARDEN	S. The Netherlands		
Check Box(es) that Apply:	☐ Promoter	☐ Beneticial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			· -	managing i muici
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zin Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 8

					B. INFORM	ATION ABO	OUT OFFER	UNG				
1. Has th	w icenor cole	t or dow th	a iconar inta	nd to call t		45		·			Yes	No
i. mas u	ic issuer soic	i, or does in	Anes	na to sen, t ver also in	o non-accred Appendix, C	aited investo	ors in this of	tering?	•			×
2. What	is the minim	um investo	rus) ent that will	l be seconta	rippenaix, c	ORUMN 2, 11 individual9	ming under	ULUE.		****		
2	viic iiiiiiiii	iani mi cin	ichi thai wii	roc accepte	ti nom any	maividuai:,	***************************************	***************************************		***************************************		N/A
 3. Does the offering permit joint ownership of a single unit? 4. Enter the information required for each person who has been or will be paid or given, directly or indirectly, any commission 												No ⊠
4. Enter	commission	📮										
or sun	ilar remuner	ration for sc	dicitation of	purchasers	in connecti	on with sale	s of securit	ies in the of	fering If a	nerean to be		
of the	is an associa broker or de	ieu person o raler - Il mo	or agent of a	broker or o	lealer registe	ered with the	e SEC and/c	or with a stat	e or states, i	list the name ler, you may		
set for	th the inform	nation for th	at broker or	dealer only	, to be fisted 7.	are associa	teu persons	of such a br	oker or deal	ler, you may		
	Last name fire		_			_		·	·			
· un (vanie (taist thine in	st, ii maivida	al)									
Business or	Residence Ad	dress (Numb	er and Street	City State	Zin Code)	<u> PT APPLIC</u>	ABLE					<u> </u>
				City, Diale,	zip code;							
Name of As	sociated Brok	er or Dealer						_		·		
	iich Person Li				Purchasers							
	If States" or c					****************	***************************************					All States
[AL] [IL]	[AK] [IN]	{AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT]	{DE}	[DC]	[FL]	[GA]	[111]	[ID]
(MT)	(NE)	(NY)	[NII]	[NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] {OK}	[MS]	[MO]
[RI]	[SC]	(SD)	(TN)	įπή	เบา	[VT]	[VA]	[WA]	[WV]	[WI]	[OR] [WY]	[PA] (PR]
Full Name (Last name firs	t, if individua	al)				·	<u> </u>	<u>_</u>	<u> </u>		
Business or I	Residence Ad	dress (Numb	er and Street,	City, State, 2	(ip Code)		 	 -		, . · · ·		
Name of Ass	sociated Broke	er or Dealer	·								· 	
	ich Person Lis					<u> </u>			-			
[AL]	Il States" or ch							*********************				All States
[IL]	[AK] [IN]	[AZ] [IA]	{AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL)	[GA]	[HI]	[ID]
[MT]	[NE]	[NV]	[NH]	[[N]]	[NM]	[NY]	[NC]	[ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wvj	įwij	įψyj	[PR]
Full Name (I	ast name first	t. if individua	1)									7
Business or F	Residence Ado	fress (Numbe	er and Street. (ity. State. Z	in Code)		 -					
				• • • • • • • • • • • • • • • • • • • •	., ,							
Name of Ass	ociated Broke	r or Deater			<u>-</u> -	,				· -		 -
States in Whi	ch Person Lis	ted Has Solir	rited or Intend	s to Solicit D	urchaeas		· - ·					
	States" or ch											🗖 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(111)	All States [ID]
(H.) (MO)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	{MD}	[MA]	[MI]	[MN]	[MS]	[112] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(NM)	[NY]	[NC]	[ND]	[0H]	[OK]	[OR]	[PA]
····1	12.7.1	(1444)	[114]	[13]	jorj	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this be and indicate in the columns below the amounts of the securities offered for exchange and alread exchanged.	x					
			Aggreg			Amo	unt Already
	Type of Security		ffering				Sold
	Debt				3_ ^	-	-0-
	Equity	S <u>17,</u>	951 <u>,071</u>		2_		-()-
	☑ Common ☐ Preferred		_				
	Convertible Securities (including Warrants)		-()-				-()-
	Partnership Interests		-0-		_		-0-
	Other (Specify)		-()-		\$_		-1)-
	Total	\$ <u>17.</u>	951 <u>,071</u>		\$_		-0-
	Answer also in Appendix, Column 3, if filing under ULOE.						
! .	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te					
							Aggregate
				Numbe			lar Amount
	A Post I I and I a			Investor	S		Purchases
	Accredited Investors			-0-	-	s	
	Non-accredited Investors			-0-	-	\$	
	Total (for filings under Rule 504 only)			N/A	-	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.						
١,	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the fir sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T			D-	11 A
	Type of offering			ype of ecurity		Do	llar Amount Sold
	Rule 505			N/A		5	N/A
	Regulation A			N/A	_	ζ	N/A
	Rule 504			N/A	_	ζ	N/A
	Total			N/A	_	s	N/A
	TOTAL				-		14//2
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is no known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	ie ot				s	
	Printing and Engraving Costs					 \$	
					×		
	Legal Fees				_		10,000
	Accounting Fees					S_	
	Engineering Fees					\$_	
	Sales Commissions (specify finders' fees separately)						
	Other Expenses (identify)	.,				S_	
	Total	· · · · · · · · · · · · · · · · · · ·				\$_	10,000

	C. OFFERING PRICE, NUMBER (OF INVESTORS, EXPENSES /	AND L	SE OF	PROCEEDS				
	b. Enter the difference between the aggregate offer Question I and total expenses furnished in response to the "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This	differ	ence is	i		\$ <u>17,941,071</u>		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.								
					Payments to Officers, Directors & Affiliates		Payments to Others		
	Salaries and Fees			\$			\$		
	Purchase of real estate			\$			\$		
	Purchase, rental or leasing and installation of machinery a			\$			\$		
	Construction or lease of plant buildings and facilities			\$			\$		
	Acquisition of other businesses (including the value of sec offering that may be used in exchange for the assets or sec issuer pursuant to a merger)	curities of another		\$			\$		
	Repayment of indebtedness			\$			\$		
	Working capital					×	\$ 17,941,071		
	Other (specify)								
				\$		6	\$		
	Column Totals			\$	-0-	\boxtimes	\$ <u>17,941,071</u>		
	Total Payments Listed (column totals added)				⊠ \$	17	7 <u>,941,071</u>		
	;								
	D. F	EDERAL SIGNATURE							
gnatui	uer has duly caused this notice to be signed by the unders re constitutes an undertaking by the issuer to furnish to the tion furnished by the issuer to any non-accredited investor p	ne U.S. Securities and Excha	nge (Commi	tice is filed un	nder Ru ritten re	ale 505, the following equest of its staff, the		
Issuer	(Print or Type)	Signature	\overline{a}	-			Date		
	Media Group PLC	Signature	4	~	سف		13 March		
Name	of Signer (Print or Type)	Title of Signer (Print or Typ			<u></u>		1		
Innio	e Price	Chief Finance Officer							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
۱.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes □	No □ ⁽¹⁾
	See Appendix, Column 5, for state response.		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has ready this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

THE FOREGOING UNDERTAKINGS AND REPRESENTATIONS ARE PROVIDED AND SHALL BE ENFORCEABLE AGAINST THE ISSUER ONLY TO THE EXTENT THAT SUCH UNDERTAKINGS AND REPRESENTATIONS ARE REQUIRED TO BE MADE AFTER APPLICATION OF THE NATIONAL SECURITIES MARKETS IMPROVEMENT ACT OF 1996.

Issuer (Print or Type)	Signature	Date
RDF Media Group PLC	Jenethe	13 Mercho7
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Janice Price	Chief Finance Officer	

(1) Not applicable for Rule 506 offerings.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

ı	2 3				5					
	to non-a investor	ed to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Ordinary Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
Al.										
AK									<u> </u>	
ΑZ										
AR										
CA										
СО										
CT										
DE										
DC										
FL								ļ	ļ <u>-</u>	
GA										
III										
ID										
II.										
IN										
IA ve										
KS KY										
LA										
ME									<u></u>	
MD								<u> </u>		
MA										
Ml										
MN		,								
MS										
МО			<u> </u>							

⁽¹⁾ Not applicable for Rule 506 offerings.

APPENDIX

1	2		3			4		5			
	to non-a investor	ed to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of security and aggregate offering price offered in state Type of investor and amount purchased in State		Type of investor and amount purchased in State					
State	Yes	No	Ordinary Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV			"			1 - 1.					
NII											
NJ											
NM											
NY		X	\$17,951,071	-0-	-0-	-0-	-0-		(1)		
NC							-				
ND											
ОН											
ОК											
OR											
PA											
RI											
sc											
SD											
TN											
TX											
UT											
VT											
VA											
WA											
WV											
WI											
WY											
PR											

⁽¹⁾ Not applicable for Rule 506 offerings.